

**CITY OF EL PASO, TEXAS
AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: POLICE

AGENDA DATE: July 5, 2005

CONTACT PERSON/PHONE: ASSISTANT CHIEF PAUL CROSS / 564-7310

MARTA GINER / 564-7119

DISTRICT(S) AFFECTED: ALL

SUBJECT:

Approve a resolution to authorize the Mayor to apply for, accept, reject, alter or terminate a U.S. Department of Justice- COPS Technology Grant. The grant is in the amount of \$246,661.00, no cash match required. Please note that this is the second grant of the same amount and type. Please note that a Resolution is required by the granting agency and all forms are required to be signed by the highest-ranking official.

BACKGROUND / DISCUSSION:

The grant funds will be utilized to upgrade the present AFIS system to increase the present storage capacity, which is in excess of its capacity and to allow it to network within the department and with other agencies and will expand the E-Ticketing project, which is Phase I of this project. Phase II will add Livescan Technology and Two-Finger Identification devices to the system.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

Yes, a closely related grant was approved on May 24th, agenda item 6C. This application is for an additional new grant in the same amount and for the same purpose.

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

Federal Grant Proceeds will fund this item.

BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

*****REQUIRED AUTHORIZATION*****

LEGAL: (if required) _____ **FINANCE:** (if required) _____

DEPARTMENT HEAD: H. C. Giner for Chief Wiles
(Example: if RCA is initiated by Purchasing, client department should sign also)
Information copy to appropriate Deputy City Manager

APPROVED FOR AGENDA:

CITY MANAGER: _____

DATE: _____

RESOLUTION

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

That the Mayor be authorized to sign a COPS Grant, including all necessary documents, letters, understandings and assurances contained therein, and accept this additional grant (number 2205CKWX0221) in the amount of \$246,661.00 from the U.S. Department of Justice, for a COPS Technology project to update the existing AFIS system by increasing the capacity of the system and networking into the department and other area agencies, expand the E-Ticketing project, for the purchase of the Two-Finger Fast Id devices, Livescan technology and integration with the Records Management System; authorizing the City Manager to sign any related paperwork, including all understandings and assurances contained therein, and apply for, accept, reject, alter, or terminate the grant and authorize budget transfers; submit any necessary revisions to the operational plan; that the grant officials be as designated in the agreement; and that the Mayor be authorized to execute on behalf of the City of El Paso, any grant amendments or corrections to the initial Grant Agreement which increase, decrease or deobligate program funds provided that no additional City funds are required, or which decrease the amount of matching funds, and any documents to request and accept an extension of the award ending date for the grant.

ADOPTED this 5th day of July, 2005

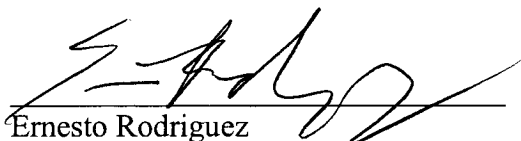
CITY OF EL PASO

John Cook
Mayor

ATTEST:

Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:



Ernesto Rodriguez
Assistant City Attorney

GA 43-2005

GRANT APPLICATION REVIEW

DEPARTMENT Police	TYPE OF GRANT Federal	CONTROL # 869
GRANT CONTACT PERSON PHONE #-	EFFECTIVE DATE 8-Dec-04	MATCHING FUNDS REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GRANTOR U.S. Department of Justice COPS Office		

SOURCE OF FUNDS (GRANT AMOUNT, MATCHING, IN-KIND, INTERGOVERN.)


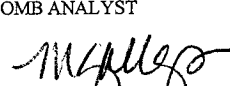
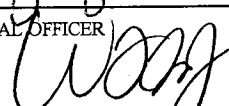
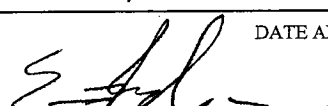
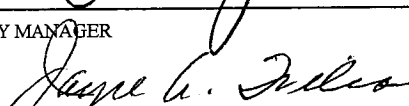
Grant	\$246,661.00
Match	\$0.00
Total	<u>\$246,661.00</u>

PERSONNEL FUNDED BY GRANT

None

BRIEFLY DESCRIBE HOW GRANT WILL BE USED AND ANY SPECIAL CONDITIONS FOR GRANT:

Funds will be used to update the present AFIS system to increase the storage capacity and to allow it to network within the department and other agencies and expand E-Ticketing project.

GRANTS COORDINATOR 	DATE AND TIME 6/21/05 9:30	OMB ANALYST 	DATE AND TIME 6/22/05 9am
GRANTS ACCOUNTING MANAGER DT	DATE AND TIME 6/23/05 9:06am	FINANCIAL OFFICER 	DATE AND TIME 6/23/05 10:50
LEGAL 	DATE AND TIME	CITY MANAGER 	DATE AND TIME 6/23/05 2:06p
Internal Review Process: Grants Office ⇌ OMB Analyst ⇌ Grants Accounting Manager (Comptroller's Office) ⇌ Financial Officer ⇌ Legal ⇌ City Manager ⇌ Originating Department/Agency COMMENTS			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier 058873019	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 74-6000749	
5. APPLICANT INFORMATION				
Legal Name: City of El Paso		Organizational Unit: Department: El Paso Police Department		
Organizational DUNS: 058873019		Division: Administration Services		
Address: Street: Two Civic Center Plaza		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: El Paso		Prefix: Ms.	First Name: Mary	
County: El Paso		Middle Name		
State: Texas		Last Name Kozak		
Zip Code 79901	Suffix:			
Country: USA		Email: MaryK@elpasotexas.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-6000749		Phone Number (give area code) (915) 564-6996		Fax Number (give area code) (915) 564-6989
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) c. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710 TITLE (Name of Program): 2005 Technology Initiative		9. NAME OF FEDERAL AGENCY: Department of Justice-Office of Community Oriented Policing Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of El Paso		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COPS - Technology 2005		
13. PROPOSED PROJECT Start Date: 12/08/2004 Ending Date: 12/07/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16th b. Project 16th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 246,661.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 246,661.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name John	Middle Name F.		
Last Name Cook	Suffix			
b. Title Mayor	c. Telephone Number (give area code) (915) 541-4015			
d. Signature of Authorized Representative	e. Date Signed			

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Approved as to form:

Ernesto Rodriguez, Asst. City Attorney

COPS Application Attachment to SF-424

SECTION 1: COPS PROGRAM REQUEST

Federal assistance is being requested under the following COPS program:

Select the COPS grant program for which you are requesting federal assistance. Please DO NOT use this form to apply for multiple programs at one time. A separate application must be completed for each COPS program for which you are applying. Please ensure that you have read, understand, and agree to comply with the applicable grant terms and conditions as outlined in the COPS Application Guide before finalizing your selection.

CHECK ONE PROGRAM OPTION ONLY

Open/Competitive

☐ Tribal Resources Grant Program

Targeted/Invited

☐ Interoperable Communications Technology☐ Methamphetamine Program☐ Secure Our Schools☒ Technology Program☐ Community Policing Development**SECTION 2: APPLICANT INFORMATION**

Do NOT complete section B or section C if applying under the Methamphetamine Program, or Technology Program. All other law enforcement agency applicants must complete all of the Applicant Information Section (A, B and C).

A. Applicant ORI Number: TX 07102

☐ Check here if your agency has not been assigned an ORI #.

The ORI number is assigned by the FBI and is your agency's unique identifier. The first two letters are your state abbreviation, the next three numbers are your county's code, and the final two numbers identify your jurisdiction within your county. If you do not currently have an ORI number, the COPS Office will assign one to your agency for the purpose of tracking your grant.

B. General Applicant Information

1. Cognizant Federal Agency: _____

Enter the legal applicant's Cognizant Federal Agency. A Cognizant Federal Agency, generally, is the federal agency from which your jurisdiction receives the most federal funding. Your Cognizant Federal Agency also may have been previously designated by the Office of Management and Budget.

2. Fiscal Year: 1/1 to 1/1 (mo/day/yr)

Enter the legal applicant's fiscal year.

3. Population served as of the 2000 U.S. Census: _____

If the population served is not represented by U.S. Census figures (e.g., colleges, special agencies, school police departments, etc.) please indicate the size of the population served: _____

C. Law Enforcement Agency Information

1. Is your agency contracting for law enforcement services?

☐ Yes ☐ No

If "yes," the Legal Name and address information listed on the SF-424 under section 5 (Applicant Information) should be for the jurisdiction that will be contracting to receive law enforcement services, and NOT the law enforcement agency that will actually provide those services. Also, be sure to enter the name and agency information of the contract law enforcement department under section 4, part A (law enforcement executive information) of this document. In all contracting arrangements, the jurisdiction that is applying for assistance is ultimately responsible for ensuring compliance with all grant requirements. For additional clarification on contracting guidelines, please see the program-specific section of the COPS Application Guide.

SECTION 4: EXECUTIVE INFORMATION

Note: Listing individuals without ultimate programmatic and financial authority for the grant could delay the review of your application, or remove your application from consideration.

A. Law Enforcement Executive/Program Official Information:

Enter the law enforcement executive's name and contact information (for law enforcement agencies) or program official's name and contact information (for non-law enforcement agencies). For law enforcement agencies, this is the highest-ranking official within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent). If the grant is awarded, this position would be responsible for the programmatic implementation of the award. If your agency is a "start-up" this section can remain blank.

Title: **Chief of Police**

First Name: **Richard** MI: **D** Last Name: **Wiles** Suffix:

Agency Name: **El Paso Police Department**

Street Address 1: **911 N. Raynor**

Street Address 2:

City: **El Paso** State: **TX** Zip Code: **79903**

Telephone: **(915) 564-7308** Fax: **(915) 564-7320**

E-mail: **richardw@elpasotexas.gov**

B. Type of Agency:

- ☒ Municipal ☐ State ☐ County Police Department ☐ Sheriff* ☐ Tribal ☐ Transit*
☐ School* ☐ Consortium* ☐ University/College* Please indicate: (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify): _____
☐ Non-profit Organization ☐ Profit Organization
☐ Other* (please specify): _____

**Agency types that have an asterisk next to them and that are applying for COPS hiring grants must provide additional information. Please refer to the COPS Application Guide: "Agency Supplemental Information" section for the questions that you will need to address. Please attach this information to your application.*

C. Government Executive/Financial Official Information:

Enter the government executive's name and contact information (for government agencies) or financial official's name and contact information (for non-government agencies). For government agencies, this is the highest-ranking official within your jurisdiction (Mayor, City Administrator, Tribal Chairman, or equivalent). If the grant is awarded, this position would be responsible for the financial management of the award.

Title: **Mayor**

First Name: **John** MI: **F** Last Name: **Cook** Suffix:

Agency Name: **City of El Paso**

Street Address 1: **Two Civic Center Plaza**

Street Address 2:

City: **El Paso** State: **TX** Zip Code: **79901**

Telephone: **(915) 541-4145** Fax: **(915) 541-4501**

E-mail: **cookjf@elpasotexas.gov**

D. Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County ☐ Village ☐ Borough ☐ Township
☐ Territory ☐ Region ☐ Council ☐ Community ☐ Pueblo ☐ Tribal Nation
☐ School District

☐ Not Applicable If applying as a non-law enforcement agency (e.g., non-profit agency) please check here.

Section 7: Need for Federal Assistance

Through this proposal, the El Paso Police Department is requesting assistance for funding to improve and expand the operations of its Automated Fingerprint Identification System (AFIS). The magnitude of this enhancement project makes it necessary to seek out various sources for funding as are specified in the budget narrative section of this grant request. As can be noted on that page, this grant request is only a small percentage of the total costs but very necessary to effectively complete the project. The City of El Paso's budget cannot totally cover the cost of this ambitious endeavor and must therefore seek to coordinate various sources for funding. As in any large city, police department budgets must compete for funds within an already-constrained budget. Decisions to fund projects hinge on a combination of factors; one, that the need for this project have a high priority; and two, that the competing projects have a lesser priority at the time that both are presented to the decision-making group. This unreliability of circumstances makes it necessary for EPPD to actively seek out and actually depend, on funding from other sources.



U.S. Department of Justice
Office of Community Oriented Policing Services
Washington, D.C. 20530

Grants Administration Division

Executive Summary

Agency Name: City of El Paso Police Department

State: Texas

Point of Contact Name: Ms. Mary Kozak

Point of contact Phone Number: (915) 564-6996

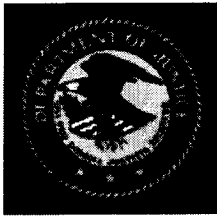
Award Amount: \$ 246,661

Briefly summarize how your agency will use this grant funding. Please include how you expect this grant to impact public safety and/or child welfare in your community. (250 words or less)

The Criminalistics Unit of the El Paso Police Department is requesting funding to upgrade the Automated Fingerprint Identification System (AFIS). The AFIS is a computer system designed to analyze, store, match and retrieve fingerprint images. As it is currently operating, this system is not networked within the department or to other agencies. The present system is a stand-alone system, which means that it can only be used to search or access known prints in its own database. There are presently over 375,000 sets of palm prints. Studies have shown that some 65% of property crime is committed by 10% of the criminal community. Responsibility for identifying this criminal element falls on the Police Department and this task keeps growing as a result of

the nomadic nature of criminals. Consequently, there is critical need for agencies to share information in a network type atmosphere.

The upgrading of the department's present AFIS system will be more cost effective than replacing the system with a larger AFIS system. The funding will be used to upgrade the present system to the MetaMorpho AFIS and/ or the Integrated Live-scan Network, E-Ticketing, and the Two Finger Fast ID. Integration of these systems will assuredly have an impact on crime in the City of El Paso. The success of this program will be measured by the timeliness and expediency in locating and bringing the criminal element to justice. Budget constraints on the City of El Paso require federal funding to support this project.



**U.S. Department of Justice
Office of Community Oriented Policing Services
Washington, D.C. 20530**

Grants Administration Division

Project Summary

A. Assessment of Existing Problems

The El Paso Police Department currently has a local Automated Fingerprint Identification System (AFIS) consisting of approximately 375,000 records. The system requires improvement in the areas of speed, accuracy and ease of use with which the machine matches finger and palm prints to crime scenes and suspects. The proposed enhancement of the system will allow for “real time” identification and crime-solving services to both this department and the region. Currently, the use of the local AFIS requires the manual collection of prints, transmission of those prints to the AFIS office via hand-carry, a technician to scan the prints into the AFIS and then their interpretation of the data from the selections provided by the machine. The El Paso Police Department is seeking funds to enhance the Automated Fingerprint Identification System to make it more useful to the region’s law enforcement community. The El Paso Police Department’s AFIS is the only local, searchable AFIS in El Paso County. The El Paso County Jail does have a connection to the state Integrated Automated Fingerprint Identification System (IAFIS), but it is for submitting prints collected at the jail and its availability for investigations is limited. The cost of this improvement is approximately \$2.9 million dollars and the El Paso Police Department must compete for funds within an already-constrained municipal

budget. The City of El Paso simply cannot complete this project without Federal assistance.

B. Project Goals and Objectives

The goals of this project are twofold: to decrease the wait time for accurate identification of fingerprints collected; and to increase the number of prints accurately identified by the enhanced system. These goals can best be accomplished by splitting the tasks into two phases. The first phase will involve the upgrading of the AFIS system. The second phase will interface the Livescan and the two-finger identification devices with the AFIS system.

Phase I

Increase Capacity---The AFIS is a computer system designed to analyze, store, match and retrieve fingerprint images. This AFIS currently carries in excess of 375,000 records of fingerprint and palm print sets. With this grant, the storage capacity will be increased to allow for up to one million records.

Integrate fingerprint and palm print collection---New equipment will allow for the integration of the collection and storage so that a single device will handle palm and fingerprint files. Current collection of prints is a multi-step process involving separate machines that differ in their computer operating systems. Palm prints are stored in one area, fingerprints in another.

Connect to the National IAFIS System---El Paso Police Department's local AFIS is a stand-alone system. The current system is very useful and has been used effectively by all area law enforcement, local, county, state and federal, for identification and eventual apprehension of criminals. El Paso Police Department is the largest law enforcement

agency in El Paso County and as such, maintains the largest single collection of prints. A connection to the state's IAFIS will expand its capabilities and the number of records that can be immediately searched, making the system in effect a "one stop" device for identifying persons in custody. Transmission of data to the IAFIS will enhance the nation's overall database as prints are collected from all levels of arrest, not just the higher misdemeanors and felonies. The additional information will enhance the national database as well.

Interface with Regional RMS---The El Paso Police Department has recently purchased a new Records Management System (RMS) that is shared with the El Paso County Sheriff's Department and the District Attorney's Office. The vision is to eventually include all El Paso County Law Enforcement entities on the system. An interface between this RMS and the AFIS would integrate biometric identifiers (finger and palm prints), the written report and mug shots into one record. That record would follow the arrestee through the criminal justice process.

Increase Auto-Ticket deployment---The Auto-ticket project, known locally as e-ticketing, allows an officer to use a hand-held computer such as a PDA or similar device, to write and issue traffic and municipal citations, gather field interview information, and carry along reference information. The auto-ticket process allows the officer to import the offender's driver's license or state ID information into a software program loaded on the PDA through the use of a magnetic strip reader, eliminating transcription errors. The officer then clicks through the ticket software adding location and offense information. The offender signs the ticket and he or she is given a copy. The officer will then transfer the ticket information into the department and court computer systems by docking the

device into a cradle attached to the department's network. This process simplifies the ticket-issuing process for the officer by reducing the amount of writing and copying of information, and it reduces or even eliminates the need for a clerk to key the information into the court's software system. Errors and the time required to process citations through the court system are greatly reduced. An image of the ticket is available to both officers and court personnel at any point as it moves through the system. The best deployment of this device is one to each officer that is expected to issue citations in the course of their regular duties.

Phase II

Add Livescan Technology---Additional funding will be utilized to fund electronic finger and palm prints collection devices, commonly called Livescans, at each of our regional commands. Livescans collect prints and forward them to the AFIS for analysis and storage. Adding Livescans at the regional commands will ensure that the AFIS system is easily available to all law enforcement entities in our area by placing the service proximate to their patrol areas. Officers will be able to electronically and easily retrieve the prints of persons in custody and receive computerized information as to identity and status, which will have the effect of shortening investigative time. AFIS information is available to area law enforcement. Currently, that availability is only accessible at Police Headquarters by meeting with technical personnel.

Add Two-Finger Identification Devices---Two-finger identification devices collect four prints (two from each hand) for use in identity verification. These prints would be run against records in the AFIS and provide a quick identification of the person in question. These devices are most useful in a court setting, providing the District Attorney's office

and/or the judge with assurance that the person before them is the person involved in the case being presented.

C. Implementation Plans

This grant is seeking to fund four major areas necessary for the enhancement of AFIS.

The following timeline specifies each area.

Month 1---Increased Capacity, Workstations, Verification Workstations- This will be a sole source purchase from our existing AFIS vendor Sagem-Morpho. Purchase includes new hardware, software and data conversion. Data conversion is required so that both the finger and palm prints will be in same format.

Month 2---Continue with activity begun in first month.

Month 3--Two Finger Fast ID Devices – This will be a bid purchase. Vendors will be given one to two months to prepare proposals. Actual purchase would be made in third month. **Livescan Devices -** This will be a bid purchase. Vendors will be given from one to two months to prepare proposals. Actual purchase would be made in third month.

Month 4 through Month 12---Integration to Shared RMS – This will be a sole source purchase from our vendors. Sagem-Morpho is the vendor for the fingerprint and palmprint system, Intergraph Public Safety is the vendor for our RMS system, which is shared with the County. It is expected that the process of data conversion and integration along with deployment of peripheral hardware will take the remainder of the twelve months.

Project Process---Increased Capacity and Integration to Shared RMS would be purchases begun in the first month of the project. Coordination with the vendors will be required to determine length of time required to complete installation of hardware, data

conversion, and integration with the RMS system. It is estimated this process will take from four to six months. The specifications of the core systems, the AFIS and the new components will be known during the first month. This will allow finalization of specifications for the peripherals, Two-Finger Fast ID and Livescan so that they can be submitted to bid. A project manager will be appointed to ensure timeliness and adherence to guidelines and budget.

D. Evaluation Plans, Outcomes and Effectiveness of the Program

Evaluation, Outcome and Effectiveness--- Enhancement of the AFIS system will allow for both objectives; first, to decrease wait time and secondly, to increase the number of prints identified, to be met. The addition of the Livescan and two-fingered ID peripherals will allow for “real time” identification and crime-solving services to both our department and the region. Latent print examiners (already on staff) will carefully monitor implementation of the new systems to ensure that the products of data conversion and electronic collection, through both Livescan and the Two-Fingered ID, maintain the highest National Institute of Standards and Technology (NIST) standards. Actual number of prints identified will be compared to previous years to verify increase. Currently the use of the local AFIS requires the manual collection of prints, transmission of those prints to the AFIS office via hand-carry, a technician to scan the prints into the AFIS and their on-view interpretation of the data from the selections provided by the machine. Query to the IAFIS is done only after the prints have been converted to code by a latent print examiner. The effectiveness of this program will be measured by the greater numbers of prints checked, due to enhanced technology and the timeliness of the response. The human element will not be eliminated; a latent print examiner will still

provide expertise in more difficult cases. However, the capacity to deal with larger numbers of individuals will be greatly enhanced with the addition of the electronic technology and computers. The increase in prints being checked augments apprehension, which, in turn, will contribute to reductions in crime.

E. Current/Planned Community Policing and Crime Prevention Activities

Community Policing and Crime Prevention---Updating of the present equipment will promote Community Policing and crime prevention, which will generate ease and speed in the identification process. The process involved in the electronic collection of fingerprint and palm prints, their transmission through our network to AFIS, computer cross-checking with both the IAFIS and the regional RMS system and the electronic comparison in a matter of minutes, will serve to increase apprehension of wanted persons. Crimes are oftentimes solved through arrests for relatively minor infractions when time is taken to positively ID the person in custody. Making that process simple and the means very accessible increases the chances that the AFIS resource will be frequently utilized.

Partnerships with Other Entities---The El Paso County Sheriff's Department has expressed interest in participating in a joint project. They have funding available through El Paso's Council of Judges that may allow for the eventual placement of two-fingered identification devices in courtrooms, and additional Livescan devices in their facilities. The Sheriff's Department and the El Paso Police Department routinely cooperate on projects that serve to benefit the region. The Departments share an RMS system, Academy facilities, and very often are involved in task forces that address common

problems. This AFIS project would be another in a growing line of area law enforcement successes.



U.S. Department of Justice
Office of Community Oriented Policing Services
Washington, D.C. 20530

Grants Administration Division

TECHNOLOGY BUDGET NARRATIVE

El Paso Police Department
COPS Technology 2005– Budget Narrative

Equipment

Upgrade present Automated Fingerprint Identification System (AFIS)-Hardware, software, data conversion and workstations

The El Paso Police Department utilizes the Automated Fingerprint Identification System (AFIS) to analyze, store, match and retrieve fingerprint images. The present system is a stand-alone system, which can only be used to search or access those known prints in its own database. Presently the system has 375,000 sets of finger and palm prints stored, which is in excess of the storage capacity requested upon purchase. In its present state the AFIS System is unable to network within the department and other agencies. Upgrade will increase storage capacity to allow for up to one million records and will network within the department and other agencies. The workstations will be additional components to the AFIS system. Total for Hardware, software, data conversion and workstations: \$1,332,500.00

The Two-Finger Fast ID devices are used in identity verification. In order to utilize this device the AFIS system will need to be upgraded. This device provides the assurance that the person involved in a case is the correct individual. Total for Two Finger Fast ID devices: \$33,420.00

Livescan technology will be added to each regional command. The addition of Livescans will ensure that the AFIS system is available to law enforcement agencies throughout the area by placing the service near their patrol areas. Total for Livescan Technology: \$263,970.00

Integration with Records Management System-The recently purchased Records Management System (RMS) is shared with the El Paso County Sheriff's Department and the District Attorney's Office. An interface between the RMS and the AFIS will integrate biometric identifiers, the written reports and the mug shots into one record, which will follow the arrestee throughout the criminal justice process. Eventually this

information will be accessible to all El Paso County Law Enforcement agencies on the AFIS system. Total for Integration with RMS: \$63,000.00

Increase Auto-Ticket Deployment-The Auto-ticket project, known locally as e-ticketing, allows an officer to use a hand-held computer such as a PDA or similar device, to write and issue traffic and municipal citations, gather field interview information, and carry along reference information. The auto-ticket process allows the officer to import the offender's driver's license or state ID information into a software program loaded on the PDA through the use of a magnetic strip reader, eliminating transcription errors. The officer then clicks through the ticket software adding location and offense information. The offender signs the ticket and he or she is given a copy. The officer will then transfer the ticket information into the department and court computer systems by docking the device into a cradle attached to the department's network. This process simplifies the ticket-issuing process for the officer by reducing the amount of writing and copying of information, and it reduces or even eliminates the need for a clerk to key the information into the court's software system. Errors and the time required to process citations through the court system are greatly reduced. An image of the ticket is available to both officers and court personnel at any point as it moves through the system. The best deployment of this device is one to each officer that is expected to issue citations in the course of their regular duties. Total for Increase Auto-Ticket Deployment: \$1,208,680.00

Total for AFIS upgrade:

Quantity	Item	Estimated Costs	
1	Increased Capacity of Current AFIS		\$985,000.00
5	Workstations	\$60,000.00 per piece	\$300,000.00
1	Verification Workstation	\$47,500.00 per piece	\$47,500.00
6	Two Finger Fast ID Devices	\$5,570.00 per piece	\$33,420.00
6	Livescan Devices	\$43,995 per piece	\$263,970.00
1	Integration to Shared RMS		\$63,000.00
440	HP iPAQ 5550 (or similar)	\$ 599.00 per piece	\$263,560.00
440	Magnetic strip reader	\$ 199.00 per piece	\$ 87,560.00
440	E-ticketing software	\$1499.00 per piece	\$659,560.00
440	Field Interview software	\$ 225.00 per piece	\$ 99,000.00
440	Municipal Citation software	\$ 225.00 per piece	\$ 99,000.00
		TOTAL	\$2,901,570.00

SECTION 13: CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE WITH REQUIREMENTS

The signatures of the Law Enforcement Executive/Program Official and Government Executive/Financial Official, and any applicable program partners on the Certification of Review and Representation of Compliance with Requirements:

- 1) Assures the COPS Office that the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Application Guide; AND
- 2) Attests to the accuracy of the information submitted with this application (including the Budget Detail Worksheets).

The signatures below must be made by the actual executives named on this application unless there is an officially documented authorization for a delegated signature. If your jurisdiction has such an official document, it must be attached to this application. Applications with missing, incomplete, or inaccurate signatures or responses may not be considered for funding. Stamped or electronic signatures (unless applying online via Grants.gov) also will not be accepted. Original signatures are required. Faxed copies will not be accepted. Applications postmarked after the final application deadline date may not be considered for funding.

Signatures shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws, and/or is not cooperating with an ongoing federal civil rights investigation, and/or is not cooperating with a COPS Office compliance investigation concerning a current grant award.

By signing below, I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

Law Enforcement Executive/Program Official's Signature:



Date: 6-17-05

(Signature of person named in Section 4 of this form)

Government Executive/Financial Official's Signature:

(Signature of person named in Section 4 of this form)

Date: _____

Approved as to form:


Ernesto Rodriguez, Asst. City Attorney

Section 14: Assurances

Several provisions of federal law and policy apply to all grant programs. We (the Office of Community Oriented Policing Services) need to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at (800) 421-6770.

By the applicant's authorized representative's signature, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, the applicant assures us that:

1. It has been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.
2. It will comply with the provisions of federal law which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.
4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to: the requirements of 28 CFR Part 66 and 28 CFR Part 70, or the Federal Acquisition Regulations, as applicable (governing cost principles); OMB Circular A-133 (governing audits) and other applicable OMB circulars; the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; 28 CFR Part 38.1; the current edition of the COPS Grant Monitoring Standards and Guidelines; and with all other applicable program requirements, laws, orders, regulations, or circulars.
7. If applicable, it will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.
8. It will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789(d)); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E and G) of the Code of Federal Regulations.
9. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.
10. Grantees that have 50 or more employees and grants over \$500,000 (or over \$1,000,000 in grants over an eighteen-month period), must submit an acceptable Equal Employment Opportunity Plan ("EEO") or EEO short form (if grantee is required to submit an EEO under 28 CFR 42.302), that is approved by the Office of Justice Programs, Office for Civil Rights within 60 days of the award start date. For grants under \$500,000, but over \$25,000, or for grantees with fewer than 50 employees, the grantee must submit an EEO Certification. (Grantees of less than \$25,000 are not subject to the EEO requirement.)
11. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.
12. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.
13. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made this application available for review by the state Single Point of Contact.
14. It will submit all surveys, interview protocols, and other information collections to the COPS Office for submission to the Office of Management and Budget for clearance under the

Standard Application Forms

Paperwork Reduction Act of 1995 if required.

13. It will comply with the Human Subjects Research Risk Protections requirements of 28 CFR Part 46 if any part of the funded project contains non-exempt research or statistical activities which involve human subjects and also with 28 CFR Part 22, requiring the safeguarding of individually identifiable information collected from research participants.

14. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.

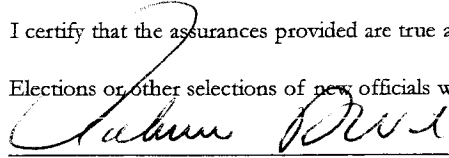
15. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.

16. It will not use any federal funding directly or indirectly to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law ratification, policy or appropriation whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation as set forth in the Anti-Lobby Act, 18 U.S.C. 1913.

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.



Signature of Official with Programmatic Authority (or Law Enforcement Executive, as applicable)

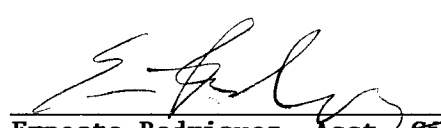


Date

Signature of Official with Financial Authority (or Government Executive, as applicable)

Date

Approved as to form:



Ernesto Rodriguez, Asst. City Attorney

Section 15: Certifications

Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your agency's certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signing this form complies with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 28 CFR Part 67, "Government-Wide Debarment and Suspension (Nonprocurement)," 28 CFR Part 83 Government-Wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirements of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.440 -

A. The applicant certifies that it and its principals:

(i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency;

(ii) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) or private agreement or transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property, making false claims, or obstruction of justice, or commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility.

(iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and

(iv) Have not within a three-year period preceding this application had one or more public transactions (federal, state or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, for grantees, as defined at 28 CFR Part 83, Sections 83 and 83.510 -

A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:

(i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(ii) Establishing an on-going drug-free awareness program to inform employees about -

Standard Application Forms

- (a) The dangers of drug abuse in the workplace;
- (b) The grantee's policy of maintaining a drug-free workplace;
- (c) Any available drug counseling, rehabilitation and employee assistance programs; and
- (d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;
- (iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);
- (iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will -

(a) Abide by the terms of the statement; and

(b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 1100 Vermont Ave., NW, Washington, D.C. 20530. Notice shall include the identification number(s) of each affected grant.

(vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -

(a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency;

(vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v) and (vi).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)
911 N. Raynor

El Paso, Texas 79903

Check ☐ if there are workplaces on file that are not identified here.

4. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

Grantee Agency Name and Address:

City of El Paso - Two Civic Center Plaza, El Paso, TX 79901

Grantee IRS/ Vendor Number: **746000749**

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Typed Name and Title of Law Enforcement Executive (or Official with Programmatic Authority, as applicable):

Richard D. Wiles - Chief of Police

Signature: _____

Date: **6-17-05**

Typed Name and Title of Government Executive (or Official with Financial Authority, as applicable):

John F. Cook - Mayor

Signature: _____

Date: _____

Approved as to form: _____

Ernesto Rodriguez, Asst. City Attorney

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

1. Type of Federal Action: <u>B</u> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <u>A</u> a. bid/offer/application b. initial award c. post-award	3. Report Type: <u>A</u> a. initial filing b. material change <i>For Material Change Only:</i> Year: _____ Quarter: _____ Date of last report: _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: City of El Paso Two Civic Center Plaza El Paso, Texas 79901 Congressional District (number), if known: <u>16</u>		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (number), if known: _____
6. Federal Department/Agency: U.S. Department of Justice	7. Federal Program Name/Description: CFDANumber, if applicable: <u>16.710</u> 2005 Technology Initiative	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 246,661	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> Dave Larson, Quin Dodd, Larson Dodd, LLC 2000 L Street, Suite 801 Washington, DC 20036	10. b. Individuals Performing Services <i>(including address if different from No.10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>John F. Cook</u> Title: <u>Mayor</u> Telephone No.: <u>(915) 541-4145</u> Date: _____	
Federal Use Only:	Authorized for Local Reproduction, Standard Form - LLL	

A. SWORN OFFICER POSITIONSNo Sworn Officer Positions Requested ☒

Instructions: COPS hiring grant programs pay for entry-level salaries and benefits of newly hired, additional sworn law enforcement officers for a period of thirty-six (36) months.

This worksheet will assist your agency in properly organizing your **maximum estimated** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits **rounded to the nearest whole dollar** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (e.g., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions; part 2 if you are requesting part-time officer positions; and both parts 1 and 2 if you are requesting full and part-time officer positions.

Officer Positions Requested:

Full-time: _____ Part-time: _____

Enter the number of new, entry-level full-time and/or part-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

Please complete if your agency is requesting part-time officers:

Part-Time Hours:

What is the average number of hours per week that your part-time COPS officer will work? _____

How many hours per week is considered full-time employment? _____

What is the average number of hours per year that your part-time COPS officer will work? _____

What is the hourly rate for the part-time COPS officer? _____

To calculate the base salary amount for part-time officers, multiply the hourly rate by the average number of hours per year that the part-time COPS-funded officer will work. You will enter this base salary on page 4.

Note: There is a funding cap for part-time officers in proportion to the number of hours worked and the maximum federal funding allowed under a particular COPS hiring program. For example, COPS in Schools has a maximum federal share of \$125,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 X \$125,000 (maximum allowed) = \$62,500. The Tribal Resources Grant Program has a maximum federal share of \$75,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 x \$75,000 (maximum allowed) = \$37,500.

Instructions: Please indicate the law enforcement agency's cost for each of the following categories. Please do not include employee contribution costs.

Part 1: Full-Time Officer Information**Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ _____ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Total Year 1 Salary and Benefits:	\$ _____ .00		

Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits

Base Salary: \$ _____ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Total Year 2 Salary and Benefits:	\$ _____ .00		

Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits

Base Salary: \$ _____ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Total Year 3 Salary and Benefits:	\$ _____ .00		

* If no funds budgeted, please see Part 3 number 2

Instructions: Please indicate the law enforcement agency's cost for each of the following categories. Please do not include employee contribution costs.

Part 2: Part-Time Officer Information**Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ _____ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Total Year 1 Salary and Benefits:	\$ _____ .00		

Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits

Base Salary: \$ _____ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Total Year 2 Salary and Benefits:	\$ _____ .00		

Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits

Base Salary: \$ _____ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Total Year 3 Salary and Benefits:	\$ _____ .00		

* If no funds budgeted, please see Part 3 number 2

Part 3: Sworn Officer Position Budget Summary (all applicants must complete this section)

After completing Part 1 and/or Part 2 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

1. If your agency's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below:

☐ Cost of living adjustment (COLA) ☐ Step Raises ☐ Change in benefit costs

☐ Other- please explain briefly: _____

2. *If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation for each omission below:

1) Social Security: _____

2) Medicare: _____

3) Worker's Compensation: _____

4) Unemployment Insurance: _____

Part 3 (Continued):**3. Three-Year Projection**

Please complete the following three-year projection, showing how the federal share percentage and your local matching share percentage (if applicable) will change year by year for one officer position. These figures are projections only and may be adjusted by the grantee throughout the grant period as long as the local share percentage (if applicable) increases each year as the federal share percentage decreases. The percentage of one officer's salary and benefits paid with federal funds must be less in Year 2 than in Year 1, and less in Year 3 than in Year 2. In contrast, the percentage of total officer's salaries and benefits paid with local funds (if applicable) must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2. Please refer to the Application Guide for additional program-specific information and for sample budget examples.

Full-Time Computation

Three-year salary and benefit costs per full-time position	Year 1	Year 2	Year 3	Total- 3 Years	
Federal Share Amount (Percentage must decrease each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 1 a)
Local Share Amount (If applicable) (Percentage must increase each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 1 b)
Total Salary & Benefits (Federal Share plus Local Share)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	

Part-Time Computation

Three-year salary and benefit costs per part-time position	Year 1	Year 2	Year 3	Total- 3 Years	
Federal Share Amount (Percentage must decrease each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 2 a)
Local Share Amount (If applicable) (Percentage must increase each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 2 b)
Total Salary & Benefits (Federal Share plus Local Share)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	

4. Total Sworn Officer CostTotal Federal Share Amount Computation

\$ _____ .00	X	_____	=	\$ _____ .00
Total federal share amount per full-time position from line 1 a Number of full-time positions requested				
\$ _____ .00	X	_____	=	\$ _____ .00
Total federal share amount per part-time position from line 2 a Number of part-time positions requested				
				\$ _____ .00 TOTAL FEDERAL AMT. Box A

Total Local Share Amount Computation

\$ _____ .00	X	_____	=	\$ _____ .00
Total local share amount per full-time position from line 1 b Number of full-time positions requested				
\$ _____ .00	X	_____	=	\$ _____ .00
Total local share amount per part-time position from line 2 b Number of part-time positions requested				
				\$ _____ .00 TOTAL LOCAL AMT. Box B

Grand Total Computation

\$ _____ .00	+	\$ _____ .00	=	\$ _____ .00
Box A (Total Federal Share Amount Requested)		Box B (Total Local Share Amount Required)		TOTAL SWORN OFFICER COSTS
				Transfer to Budget Summary Line 1

B. CIVILIAN/OTHER PERSONNEL No Civilian/Other Personnel Positions Requested ☒

Instructions: Each position must be listed and computed separately. If additional space is necessary, please make copies of this table and attach them to your application.

Position Title:

Base Salary Computation: ((_____ X _____) X _____) = \$ _____ .00 (Base Salary Subtotal)
 ((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Subtotal Position Salary and Benefits: \$ _____ .00			

Position Title:

Base Salary Computation: ((_____ X _____) X _____) = \$ _____ .00 (Base Salary Subtotal)
 ((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits	\$ _____ .00		
Subtotal Position Salary and Benefits: \$ _____ .00			

Please include a detailed position description for all positions listed in the Budget Narrative.

* If no funds budgeted, please explain at the bottom of the next page.

Position Title:Base Salary Computation: ((X) X) = \$.00 (Base Salary Subtotal)

((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ <u> </u> .00	<u> </u> %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ <u> </u> .00	<u> </u> %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ <u> </u> .00	<u> </u> %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ <u> </u> .00	<u> </u> %	
Vacation	\$ <u> </u> .00	<u> </u> %	Number of Hours Annually: <u> </u>
Sick Leave	\$ <u> </u> .00	<u> </u> %	Number of Hours Annually: <u> </u>
Retirement	\$ <u> </u> .00	<u> </u> %	
*Worker's Comp	\$ <u> </u> .00	<u> </u> %	
*Unemployment Ins.	\$ <u> </u> .00	<u> </u> %	
Other	\$ <u> </u> .00	<u> </u> %	Describe: <u> </u>
Other	\$ <u> </u> .00	<u> </u> %	Describe: <u> </u>
Total Fringe Benefits	\$ <u> </u>.00		
Subtotal Position Salary and Benefits:	\$ <u> </u>.00		

Position Title:Base Salary Computation: ((X) X) = \$.00 (Base Salary Subtotal)

((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ <u> </u> .00	<u> </u> %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ <u> </u> .00	<u> </u> %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ <u> </u> .00	<u> </u> %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ <u> </u> .00	<u> </u> %	
Vacation	\$ <u> </u> .00	<u> </u> %	Number of Hours Annually: <u> </u>
Sick Leave	\$ <u> </u> .00	<u> </u> %	Number of Hours Annually: <u> </u>
Retirement	\$ <u> </u> .00	<u> </u> %	
*Worker's Comp	\$ <u> </u> .00	<u> </u> %	
*Unemployment Ins.	\$ <u> </u> .00	<u> </u> %	
Other	\$ <u> </u> .00	<u> </u> %	Describe: <u> </u>
Other	\$ <u> </u> .00	<u> </u> %	Describe: <u> </u>
Total Fringe Benefits	\$ <u> </u>.00		
Subtotal Position Salary and Benefits:	\$ <u> </u>.00		

CIVILIAN/OTHER PERSONNEL TOTAL: \$.00

(Add together all Subtotals per position) Total Civilian/Other Personnel Cost (Transfer to Budget Summary Line 2)

*If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation for each omission below:

1) Social Security: 3) Worker's Compensation: 2) Medicare: 4) Unemployment Insurance: *Please include a detailed position description for all positions listed in the Budget Narrative.*

C. EQUIPMENT/TECHNOLOGYNo Equipment/Technology Requested ☐

Instructions: List non-expendable items that are to be purchased. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than two years. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS / CONSULTANTS" category.

Pursuant to the Consolidated Appropriations Act 2005, P.L. 108-447, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
Hardware, software, & Data Conversion	(X)	\$ 985,000.00
Workstations	(5 X \$60,000)	\$ 300,000.00
Verification Workstation	(1 X \$47,500)	\$ 47,500.00
Two Finger Fast ID Devices	(6 X \$5,570)	\$ 33,420.00
Livescan Devices	(6 X \$43,995)	\$ 263,970.00
Integration to Shared RMS	(1 X \$63,000)	\$ 63,000.00
E-Ticketing Units	(440 X \$2,747)	\$ 1,208,680.00
	TOTAL	\$ 2,901,570.00
	Other Funding Sources	\$ 2,654,909.00
		\$
		\$
		\$
Equipment/Technology Total:		<u>\$ 246,661.00</u> Transfer to Budget Summary Line 3
**Please see Attachment A		

Please include a detailed description for all items listed in the Budget Narrative



U.S. Department of Justice
Office of Community Oriented Policing Services
Washington, D.C. 20530

Grants Administration Division

BUDGET DETAIL WORKSHEET

C. EQUIPMENT/TECHNOLOGY

List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high- cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS/CONSULTANTS" category. Pursuant to the Consolidated Appropriations Act 2005, P.L. 108-447, be advised that, to the greatest extent practicable, all equipment and products purchased with these funds must be American-made. For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.

<u># of Units</u>	<u>Item:</u>	<u>Cost/Unit</u>	<u>Subtotal</u>
1	Hardware, software, & Data Conversion	\$985,000.00	\$985,000.00
5	Workstations	\$60,000.00	\$300,000.00
1	Verification Workstation	\$47,500.00	\$47,500.00
6	Two Finger Fast ID Devices	\$5,570.00	\$33,420.00
6	Livescan Devices	\$43,995.00	\$263,970.00
1	Integration to Shared RMS	\$63,0000.00	\$63,000.00
440	E-Ticketing Units	\$1,208,680.00	<u>\$1,208,680.00</u>
	TOTAL		<u>\$2,901,570.00</u>

Requested Funding Sources:

Grants

COPS Technology 2005	\$246,661.00
COPS Technology 2005	\$295,993.00
JAG-Livescans	\$262,587.00
Other Funding Sources	<u>\$2,096,329.00</u>
	<u>\$2,901,570.00</u>

Total Equipment funded by this grant: **\$246,661.00**

D. OTHER COSTS**No Other Costs Requested** ☒

Instructions: List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer positions(s) and/or civilian position(s) if allowable under the program for which you are applying.

Pursuant to the Consolidated Appropriations Act 2005, P.L. 108-447, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
Other Cost Total:		\$ Transfer to Budget Summary Line 4

Please include a detailed description for all items listed in the Budget Narrative

E. SUPPLIES**No Supplies Requested** ☒

Instructions: List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
	(X)	\$
Supplies Total:		\$ Transfer to Budget Summary Line 5

Please include a detailed description for all items listed in the Budget Narrative

F. TRAVEL/TRAINING

No Travel/Training Requested ☒

Instructions: Itemize travel expenses of project personnel by purpose (e.g., mandatory training, staff to training, field interviews, advisory group meetings). Show the basis of computation (e.g., 6 staff members times the unit cost per person for lodging for 3 days). Training projects, training fees, travel, lodging and per diem rates for trainees should be listed as separate travel items. Show the number of staff attending any event and the unit costs per person involved. Identify the location of travel, when possible. Note: Any local training costs (within a 50-mile radius) should be listed under Section D ("Other Costs").

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Reason for Travel/Training & Location of Travel/Training	Travel/Training Item	Computation (# of Staff X Unit Cost X # of Days/Trips/Events)	Per Item Subtotal
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
		(____ X ____ X ____)	\$
Travel/Training Total:			\$ _____ Transfer to Budget Summary Line 6

Please include a detailed description and justification for travel listed in the Budget Narrative

G. CONTRACTS/CONSULTANTS**No Contracts/Consultants Costs Requested** ☒

Instructions: See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts.

Contract Description	Contract Bid Type (Open-Competitive or Sole Source)	Per Contract Subtotal
		\$
		\$
		\$
		\$
Contracts Subtotal:		\$ (G1)

Consultant Fees: For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Consultant fees in excess of \$450 per day require additional written justification in the Budget Narrative and must be pre-approved in writing by the COPS Office.

Consultant Name/Title	Service Provided	Computation (Cost X # Days or # Hours)	Per Consultant Fee Subtotal
		(_____ X _____)	\$
		(_____ X _____)	\$
		(_____ X _____)	\$
Consultant Fees Subtotal:			\$ (G2)

Consultant Expenses: *Consultant Expenses:* List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

Consultant Name/Title	Service Provided	Computation (Cost X # Days)	Per Consultant Fee Subtotal
		(_____ X _____)	\$
		(_____ X _____)	\$
		(_____ X _____)	\$
		(_____ X _____)	\$
Consultant Subtotal:			\$ (G3)
Contracts/Consultants Total:			\$ _____
Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)			Transfer to Budget Summary Line 7

Please include a detailed description for all contracts listed in the Budget Narrative

Applicant Legal Name: City of El Paso

ORI #: 746000749

H. INDIRECT COSTS

No Indirect Costs Requested ☒

Instructions: Indirect costs are allowed under a **very limited** number of specialized COPS Training and Technical Assistance programs. Please see the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached to this application.

Indirect Cost Description	Computation	Per Indirect Cost Subtotal
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Indirect Costs Total:		\$ _____ Transfer to Budget Summary Line 8

BUDGET SUMMARY

Instructions: When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category		Category Total	Line #
A.	Sworn Officer Positions	\$ _____ .00	1
B.	Civilian/Other Personnel	\$ _____ .00	2
C.	Equipment/Technology	\$ <u>246,661</u> _____ .00	3
D.	Other Costs	\$ _____ .00	4
E.	Supplies	\$ _____ .00	5
F.	Travel/Training	\$ _____ .00	6
G.	Contracts/Consultants	\$ _____ .00	7
H.	Indirect Costs	\$ _____ .00	8
Total Project Amount:		\$ <u>246,661</u> _____ .00	
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)		\$ <u>246,661</u> _____ .00	
Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)		\$ _____ 0.00	

Contact Information for Budget Questions

Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.

Authorized Official's Typed Name: Mary Kozak

Title: Communications Manager

Phone: 915-564-6996

Fax: 915-564-6989

E-mail Address: MaryK@elpasotexas.gov